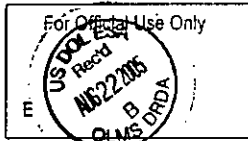


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13624</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>GEORGE</u> <u>BRIER</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1871 BALDWIN STREET</u> City <u>WATERBURY</u> State <u>Connecticut</u> ZIP Code + 4 <u>06706</u>	4. Name, file number, and address of labor organization. Name <u>TEAMSTERS LOCAL UNION 677</u> Labor Organization File Number <u>2</u> <u>054-410</u> P.O. Box, Building and Room Number, if any _____ Street <u>1871 BALDWIN STREET</u> City <u>WATERBURY</u> State <u>Connecticut</u> ZIP Code + 4 <u>06706</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>George Brier</u>	On <u>8/12/05</u> Date	<u>860-274-4414</u> Telephone Number

Name of Person Filing **GEORGE BRIER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **TEAMSTERS LOCAL 677 HEALTH SERVICE & INS PL**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1871 BALDWIN STREET**City **WATERBURY**State **Connecticut** ZIP Code + 4 **06706**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS LOCAL UNION MEMBERS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENTS OF EXPENSES INCURRED IN CONNECTION WITH ATTENDING HEALTH SERVICES FUND CLERKS MEETING HELD BY TRI-STATE JOINT FUND 06/01/2004-06/04/2004. HOTEL ROOM AND TAX AND INCIDENTAL EXPENSES.

12.b. Amount.

\$594

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing GEORGE BRIER

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TEAMSTERS' LOCAL 677 HEALTH SERVICE & INS PL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1871 BALDWIN STREET

City WATERBURY

State Connecticut ZIP Code + 4 06706

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS
LOCAL UNION MEMBERS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION
WITH ATTENDING BOARD OF TRUSTEES MEETING OF TRI-
STATE JOINT FUND 04/17/2004-04/24/2004. HOTEL ROOM
AND TAX, TRAVEL AND INCIDENTAL EXPENSES.

12.b. Amount.

\$3,696

Name of Person Filing GEORGE BRIER

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TEAMSTERS LOCAL 677 HEALTH SERVICE & INS. PL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1871 BALDWIN STREET

City WATERBURY

State Connecticut ZIP Code + 4 06706

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS LOCAL UNION MEMBERS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION WITH ATTENDING BOARD OF TRUSTEES MEETING OF TRI-STATE JOINT FUND 09/26/2004-09/29/2004. HOTEL ROOM AND TAX AND INCIDENTAL EXPENSES.

12.b. Amount.

\$1,246

Name of Person Filing GEORGE BRIER

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TEAMSTERS LOCAL 677 HEALTH SERVICE & INS. PL.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1871 BALDWIN STREET

City WATERBURY

State Connecticut ZIP Code + 4 06706

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS LOCAL UNION MEMBERS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION WITH ATTENDING OF BOARD OF TRUSTEES MEETING HELD DURING THE MONTH OF MARCH 2004. HOTEL ROOM AND TAX AND INCIDENTAL EXPENSES.

12.b. Amount.

\$429

Name of Person Filing GEORGE BRIER

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TEAMSTERS LOCAL 677 HEALTH SERVICE & INS. PL.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1871 BALDWIN STREET

City WATERBURY

State Connecticut ZIP Code + 4 06706

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS LOCAL UNION MEMBERS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION WITH TRUSTEES MEETING HELD DURING THE MONTH OF MAY 2004. BUSINESS LUNCHEON CONFERENCE.

12.b. Amount.

\$46

Name of Person Filing GEORGE BRIER

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TEAMSTERS LOCAL 677 HEALTH SERVICE & INS. PL.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1871 BALDWIN STREET

City WATERBURY

State Connecticut ZIP Code + 4 06706

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS LOCAL UNION MEMBERS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION WITH TRUSTEES MEETING HELD DURING THE MONTH OF OCTOBER 2004. BUSINESS LUNCHEON CONFERENCE.

12.b. Amount.

\$52

Name of Person Filing GEORGE BRIER

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TEAMSTERS LOCAL 677 HEALTH SERVICE & INS.PL.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1871 BALDWIN STREET

City WATERBURY

State Connecticut ZIP Code + 4 06706

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS
LOCAL UNION MEMBERS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION
WITH SERVICES AS TRUSTEE DURING THE MONTH OF
NOVEMBER 5 2004. TIPS & TOLLS.

12.b. Amount.

\$13

Name of Person Filing GEORGE BRIER

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TEAMSTERS LOCAL 677 HEALTH SERVICE & INS. PL.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1871 BALDWIN STREET

City WATERBURY

State Connecticut ZIP Code + 4 06706

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS LOCAL UNION MEMBERS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION WITH REGISTRATION FOR ANNUAL CONFERENCE OF THE INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFITS PLAN. ADVANCE REGISTRATION FEE AND HOTEL.

12.b. Amount.

\$1,310